

MAINE INITIATOR OF DEPOSIT RETURN INSTRUCTIONS

Please read the specific line-by-line instructions. The original return should be forwarded with payment on or before the 20th of the month following the reporting period to avoid interest and penalties.

Make check or money order payable to: **State Treasurer**

Maine Revenue Services
Sales, Fuel & Special Tax Division
P.O. Box 1064
Augusta, ME 04332-1064

For assistance, call (207) 624-9609 between 8:00 a.m. and 5:00 p.m. or write to the address above.

ROUND ALL AMOUNTS TO THE NEAREST FULL DOLLAR

Part I

Line 1. Enter the total number of nonrefillable beverage containers sold in Maine during the current reporting month.

Line 2. Enter the total number of nonrefillable beverage containers redeemed in Maine during the current reporting month.

Deposit Transaction Fund Balance Amount Calculation

Line 3. Beginning Deposit Transaction Fund balance. Line 11 from last month's return.

Line 4. Deposit Transaction Fund interest earned last month. Line 9 from last month's return.

Line 5. Abandoned Deposits payable to the State last month. Line 15 from last month's return.

Line 6. Reimbursed amounts due from the State last month. Line 22 of last month's return.

Line 7. Subtotal. From the amount on Line 3, subtract the amount on Line 4, subtract the amount on Line 5, and add the amount on Line 6.

Line 8. Refund values received this month. Enter the total dollar amount of refund values received during the current reporting month.

Line 9. Deposit Transaction Fund interest earned this month. Enter the total dollar amount of interest income as identified on bank statements on this fund during the current reporting month.

Line 10. Refund values paid this month. Enter the total dollar amount of refund values paid during the current reporting month. Enter this as a positive number.

Line 11. Ending Deposit Transaction Fund balance. To the amount on Line 7, add the amount on Line 8, add the amount on Line 9, and subtract the amount on Line 10.

Part II

Abandoned Deposits

This section is to be completed if the amount on Line 11 is a positive amount. If the amount on Line 11 is negative, skip to REIMBURSEMENTS.

Line 12. Deposit Transaction Fund ending balance. Enter the amount from Line 11.

Line 13. Deposit Transaction Fund interest earned this month. The amount from Line 9.

Line 14. Refund values received in the current and two preceding months. Enter the sum of all amounts shown on Line 8 for the current and two preceding monthly returns.

Line 15. Abandoned Deposits due the State. From the amount on Line 12, subtract the amounts on Line 13 and Line 14. If the result is a negative number, enter zero.

Make check or money order payable to the State Treasurer. Send your remittance with your return postmarked by the due date printed on the top of the return. Please record your registration EIN on your check. Failure to file a return on or before the due date will result in interest and penalty charges. Billings will be issued shortly after the processing of your return.

Reimbursements

This section is only to be completed if the amount on Line 11 is a negative amount.

Line 16. Enter the amount from Line 11 as a positive number. For example, a Deposit Transaction Fund ending balance of -\$1,000 should be entered as \$1,000.

Line 17. Deposit Transaction Fund interest earned this month. The amount from Line 9.

Line 18. Subtotal. Add the amounts on Line 16 and Line 17.

Line 19. Abandoned deposits amounts payable to the State in the preceding 24 months. Enter the sum of all amounts shown on Line 15 of the preceding 24 monthly returns. The amounts must be included even if they have not been paid.

Line 20. Reimbursement amounts due from the State in the preceding 24 months. Enter the sum of all amounts shown on Line 22 of the preceding 24 monthly returns. The amounts must be included even if they have not been received.

Line 21. Subtotal. Subtract Line 20 from Line 19.

Line 22. Reimbursement. You are due a reimbursement *only* if your abandoned deposit amounts in the preceding 24 months *exceeds* the total amount of any reimbursements in the preceding 24 months *and* if your ending balance amount on Line 11 is a *negative* number. Enter the **smaller** of Line 18 or Line 21.